



PREVENTIVE MEDICINE RESIDENCY AND FELLOWSHIP PROGRAMS

WHAT IS THE PUBLIC HEALTH ISSUE?

Physicians have always ensured the public's health, whether focusing on the individual patient through the traditional practice of clinical medicine or by focusing on the larger community in the context of public health practice. To address the new challenges of emerging infectious diseases, worsening chronic diseases, terrorism, and advances in technology, ensuring a well-educated, competent public health workforce is of paramount importance. Preventive medicine-trained physicians combine clinical medicine skills with public health practice expertise (e.g., epidemiology, health services management, environmental health). Given their ability to bridge medicine and public health, they are poised to assume executive-level responsibilities and leadership roles in which they can influence programs and policies. Despite the critical role preventive medicine-trained practitioners can play in overcoming the public health challenges facing the nation, the Third Report of the Council on Graduate Medical Education, *Improving Access to Health Care through Physician Workforce Reform: Directions for the 21st Century*, found that shortages exist in the specialty of preventive medicine.

WHAT HAS CDC ACCOMPLISHED?

CDC sponsors one of the nation's largest Public Health and General Preventive Medicine Residencies (PMRs), training 10 to 12 residents a year. These residencies are each accredited for 1 year of practical, hands-on experience and didactic training for physicians. Training focuses on leadership, management, policy development, and program evaluation. Similar educational opportunities are provided for those with a veterinary medicine background through the Preventive Medicine Fellowship (PMF).

Residents/fellows who are admitted with experience at the state or local level are assigned to a CDC headquarters assignment during the PMR/PMF program. Those with headquarters experience are assigned to the field, thus guaranteeing that each graduate will have trained at least 1 year each in a state or local health department and at CDC headquarters. Participants are then able to maximize their public health practice experience and better prepare themselves to assume leadership roles at the local, state, or federal levels. Since 1972, CDC has trained about 390 general preventive medicine and public health practitioners who link skills in clinical medicine with population-based health. Graduates have assumed various leadership positions at CDC (including graduates serving as director and deputy director of the agency), as well as leadership roles at state or local health departments, universities, and in private settings.

Participants in the PMR/PMF programs have enjoyed various leadership opportunities. One resident served as chair of a state Severe Acute Respiratory Syndrome (SARS) Task Force, guiding the development of the preparedness plan, including the establishment of a SARS surveillance system, and updating the governor's advisory committee about SARS preparedness. Another participant managed the implementation and evaluation of the use of chlorhexidine soap to reduce endemic methicillin-resistant *Staphylococcus aureus* infections in a county jail.

WHAT ARE THE NEXT STEPS?

The PMR/PMF program will continue to support the public health workforce by educating high-quality graduates to meet new public health challenges. The training will include new or revised content areas for public health practitioners such as emergency response, genomics, and informatics. New training technologies and delivery methods will also be developed.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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